

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/786481

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			1				52						
3			1				53						
4			1				54						
5			1				55						
6			1				56						
7			1				57						
8			1				58						
9			1				59						
10			1				60						
11			1				61						
12			1				62						
13			1				63						
14			1				64						
15			1				65						
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17			1				67						
18			1				68						
19			1				69						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.			5				TOTAL DEP.						
TOTAL CLAIMS			7				TOTAL CLAIMS						